

FILIPINO CURSILLO COMMUNITY  
(CATHOLIC CURSILLO MOVEMENT)  
Diocese of Oakland



**CANDIDATE APPLICATION FORM**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Parish Affiliation: \_\_\_\_\_

**Marital Status:**  Single  Married  Other (Divorced/Separated)  
If married, please provide the following:  
Date Married: \_\_\_\_\_  
Parish & Address \_\_\_\_\_  
Spouse Name: \_\_\_\_\_  
Is he/she a Cursillista?  Yes  No

**Is your marriage blessed by the Catholic Church?**  Yes  No

**Have you received the following Sacraments?:**  
Baptism Confirmation Are you able to receive Holy Communion?  
 Yes  No  Yes  No  Yes  No

Are you a member of any religious or social organizations? If so, please list below:  
\_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in joining the Cursillo? (DO NOT LEAVE BLANK)**  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Medical Insurance #: \_\_\_\_\_

**MEDICAL INFORMATION**

Do you have any medical or physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	Do you have any special dietary needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	Are you currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____
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**COVID19 VACCINE: FCC – Diocese of Oakland will comply with the latest CDC Guidelines. We will also comply with the local County requirements where the Retreat facility is located. County Website:** <https://www.co.santa-cruz.ca.us/>  
**CDC website:** <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>

**ALLERGIES:** \_\_\_\_\_  
Has your sponsor given you any information about the Cursillo?  Yes  No  
Is there any question that you would like to ask before attending the Three-Day Cursillo Weekend?  
If so, please list your question(s) below and someone will contact you.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When would be the best time to contact you?** M T W TH F SAT/SUN Morning Afternoon Evening

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**SPONSOR INFORMATION**

Name of Sponsor: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address of Sponsor: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 Group Reunion Team: \_\_\_\_\_  
 Name of Prospective Candidate: \_\_\_\_\_  
 Address of Prospective Candidate: \_\_\_\_\_

Tell us something about your candidate (special abilities, talents, skills or gifts, in the areas that the candidate can make a contribution: Music, speaking or writing ability, organization skills, leadership skills, home-related skills, business skills, etc.) Please provide any information that you feel may help the Pre-Cursillo Committee in processing this application.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you discussed medical, dietary and physical needs with your candidate?     Yes     No

Please tell us about your current involvement in the Cursillo community:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you attended a Sponsor's Workshop?     Yes     No  
 If Yes, when did you attend?    Date: \_\_\_\_\_

I have given my candidate sufficient information about the Cursillo and the 3-Day Cursillo Weekend and he/she is willing to participate in the activities. I will provide his/her transportation to the Cursillo, if needed. I have informed my candidate of the donation of \$ \_\_\_\_\_ for the weekend.

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Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT COMPLETED FORM TO THE PRE-CURSILLO COMMITTEE  
 OR, TO YOUR TEAM REPRESENTATIVE.**

**FOR PRE-CURSILLO COMMITTEE USE**

Date Application Received : \_\_\_\_\_ Application Received By : \_\_\_\_\_  
 Interview Date : \_\_\_\_\_ Interviewed By : \_\_\_\_\_  
 Left Message on : \_\_\_\_\_ Application Approved Date: \_\_\_\_\_  
 Approved By : \_\_\_\_\_ Chairperson's Signature: \_\_\_\_\_